

Flack et al.  
Serial No. 08/379,872

CERTIFICATE OF MAILING

I hereby certify that this RESPONSE TO FINAL OFFICE ACTION (along with any documents referred to as being attached or enclosed) is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Assistant Commissioner For Patents, Washington, D.C. 20231.

Date: 1-30-97

Holly Mays

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In re Application of: Mary R. Flack et al.  
Serial No. 08/379,872  
Filed: January 27, 1995  
For: Gossypol For The Treatment Of Cancer

ASSISTANT COMMISSIONER FOR PATENTS  
Washington, D.C. 20231

Sir, 62

Transmitted herewith is a Response to Final Office Action in the subject application.

- ☐ Small entity status of this application under 37 C.F.R. §§ 1.9 and 1.27 has been established by a verified statement previously submitted.
- ☐ A verified statement to establish small entity status under 37 C.F.R. §§ 1.9 and 1.27 is enclosed.
- ☒ Petition For Extension Of Time
- ☒ Applicants petition for a one-month extension of time under 37 C.F.R. § 1.136, the fee for which is \$110.00 (enclosed).
- ☐ Applicant(s) believes that no petition for an extension of time is necessary. However, to the extent that such petition is deemed necessary, applicant(s) hereby petition for a sufficient extension of time to render the present submission timely. Please charge Deposit Account No. 12-1216 for the appropriate petition fee.
- ☐ No additional claim fee is required.
- ☒ Other: 37 CFR § 1.132 Declaration of Marcus Reidenberg and **GROUP 1500** 1.132 Declaration of Mary R. Flack.

FEB 18 1997

1200

GROUP 1500

The claim fee has been calculated as shown below:

					SMALL ENTITY		OTHER THAN A SMALL ENTITY	
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	EXTRA CLAIMS PRESENT	RATE	ADDIT. CLAIM FEE	RATE	ADDIT. CLAIM FEE
TOTAL		MINUS		=	× 11=	\$	× 22=	\$
INDEPENDENT		MINUS		=	× 40=	\$	× 80=	\$
<input type="checkbox"/>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				+130=	\$	+260=	\$
					TOTAL	\$	TOTAL	\$

- ☐ Please charge my Deposit Account No. 12-1216 in the amount of \$ . A duplicate copy of this sheet is attached.
- ☒ A check in the amount of \$110.00 is attached.
- ☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 12-1216. A duplicate copy of this sheet is attached.
- ☒ Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims.
- ☒ Any patent application processing fees under 37 C.F.R. § 1.17.

Respectfully submitted,

LEYDIG, VOIT & MAYER, LTD.

By

Carol Larcher, Reg. No. 35,243  
One of the Attorneys for Applicants

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Date: January 30, 1997

In re Application of: Mary R. Flack et al.  
 Serial No. 08/379,872  
 Filed: January 27, 1995  
 For: Gossypol For The Treatment Of Cancer

ASSISTANT COMMISSIONER FOR PATENTS  
 Washington, D.C. 20231

Sir:

Initial Review  
**BOX AF**

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FEB 18 1997

GROUP 1500

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TOTAL				MINUS		=	× 11=	\$	× 22=	\$
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